

## Foster Family Home - Corrective Action Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

Review ID: 2-100019-5

15-1588 31st Avenue

Reviewer: Carol Copeland

Kee'au

HI 96749

Begin Date: 1/31/2019

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

## Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSN  
Compliance Manager

Mike Davis  
Primary Care Giver

2/1/19  
Date

2/1/19  
Date